

# Missouri Division of Fire Safety Elevator Safety Unit

P.O. Box 844  
Jefferson City, MO 65102  
(573)751-2930  
firesafe@dfs.dps.mo.gov

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## **Procedures: To obtain Plan Review approval and issuance of a State Installation/Alteration Permit.**

The following procedures shall be followed to obtain plan review approval and issuance of a state installation/alteration permit:

1. Complete and submit permit application.
2. If applying for ALTERATION permit, include State ID, building location, location of equipment in building, and serial number of equipment involved in alteration.
3. Submit blueprints for machine room, hoistway, and elevator shop drawings for new installations.
4. Submit architectural plans for new construction to include electrical, mechanical and plumbing for structure in which the elevator is to be installed.
5. Submit specifications and new equipment list for alteration. An alteration is defined as; any change or addition to any elevator equipment other than ordinary repairs and replacements.
6. Submit appropriate fees payable to the Missouri Division of Fire Safety.

To avoid delays, please submit plans/documentation at least sixty (60) days before beginning such project.

### **Fee Structure:**

- Plan review fee **\$150.00**
- Fee per elevator opening **\$25.00**
- Installation/Alteration Permit Fee **\$20.00**

### **Effective 11/30/2005**

#### **Platform Lift or Stair Lift:**

- Plan Review Fee **\$75.00 per unit**
  - Fee per opening **\$12.50**
  - Installation/Alteration Permit Fee **\$20.00**
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#### **EXAMPLE Elevator:**

Two story building, one elevator, door opens one side on each level, therefore, considered two openings:  
Total Cost: \$200.00

#### **EXAMPLE Platform Lift:**

- 1 Unit, 2 Openings = Total Cost: \$120.00
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The above information/documents/fee(s) shall be submitted directly to:

**Division of Fire Safety  
Elevator Safety Unit  
2401 East McCarty Street, PO Box 844  
Jefferson City, MO 65101  
(573) 751-2930**



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
MISSOURI DIVISION OF FIRE SAFETY  
ELEVATOR SAFETY UNIT

P.O. BOX 844, JEFFERSON CITY, MO 65102 (800) 877-5688

INSTALLATION/ALTERATION PERMIT APPLICATION

DATE	STATE ID	OFFICE USE ONLY
		APPROVAL

TYPE OF ACTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> ALTERATION		EQUIPMENT TYPE <input type="checkbox"/> ELEVATOR -PASS -HYDRAULIC <input type="checkbox"/> ELEVATOR - PASS - TRACTION		<input type="checkbox"/> ELEVATOR - FREIGHT - HYDRAULIC <input type="checkbox"/> ELEVATOR - FREIGHT - TRACTION <input type="checkbox"/> DUMBWAITER	<input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK <input type="checkbox"/> MAN LIFT	<input type="checkbox"/> PERSONNEL LIFT <input type="checkbox"/> PLATFORM LIFT <input type="checkbox"/> STAIR LIFT
LOCATION (ADDRESS, CITY, STATE, ZIP CODE)					LOCATION IN BUILDING	BUILDING USAGE
APPLICANT NAME			APPLICANT ADDRESS		APPLICANT CITY, STATE, ZIP CODE	
OWNER NAME (IF DIFFERENT FROM APPLICANT)			OWNER ADDRESS		OWNER CITY, STATE, ZIP CODE	
SHAFT <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING			MANUFACTURER		SERIAL NUMBER	
NUMBER OF LANDINGS	NUMBER OF OPENINGS	CAPACITY (POUNDS) (PEOPLE PER MINUTE)	CONTRACT SPEED (FPM)	PLATFORM SIZE (FEET X FEET) <b>X</b>	TYPE OF SAFETY	
NUMBER OF OPENINGS IN CAR			BUFFERS <input type="checkbox"/> SPRING <input type="checkbox"/> OIL STROKE: LOAD RATING:		DEPTH OF PIT	
MOTIVE POWER (VOLTS)		AC	DC	PHASE		
TYPE OF MACHINE					REVERSE PHASE RELAY	
TYPE OF GOVERNOR			GOVERNOR CABLE SIZE			
HOISTING CABLES NUMBER:                      SIZE:			HYDRAULIC CASING AND PISTON CASING DIAMETER:                      PISTON DIAMETER:			
MAIN RAILS (STEEL REQUIRED) SIZE:			COUNTERWEIGHT RAILS (STEEL REQUIRED) SIZE:			
ARCHITECTS NAME AND PHONE NUMBER					ADA COMPLIANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTRACTOR NAME(S) AND ADDRESS(ES)  _____  _____						
PLANS PREPARED BY			ELEVATOR MANUFACTURER		ELEVATOR INSTALLED BY	
I will see to it that the proposed work is faithfully carried out as described in this application and as shown on the plans accompanying same, and not otherwise. Provisions of laws and ordinances applying to the premises and the proposed work will be complied with whether stated in application and plans or not. Local code compliance is required if applicable.						
TOTAL PERMIT FEE		AGENT NAME, ADDRESS				